FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00085976 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Tracie M. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Shelby CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 192172 MAILING Receipt # Amount **ADDRESS** Dallas, TX 75219 Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Robin T. NAME NICKNAME LAST **SUFFIX** Stevens STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 1577 Fiji St. **ADDRESS** (Residence or Business) Dallas, TX 75203 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (870) 413-1307 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2025 06/30/2025 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Shelby, Tracie M. (N	1s.)	14 Filer ID (00085976	Ethics Commission File	ers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	he candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		IIZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ (00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 13,870	ე.89
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PI	AL CONTRIBUTIONS MAINTAINED AS OF THE LA	AST DAY OF THE	\$ 45	5.91
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCII OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS RTING PERIOD	OF THE LAST DAY	\$ 126,637	7.27
17 AFFIDAVIT					
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
		Ms. 7	Гracie M. Shelby		
		Signature of	Candidate or Officehold	der	
AFFIX NOT	ΓARY STAMP / SEAL AB	OVE			
Sworn to and subsc	cribed before me, by the s	aid	, this the	day	
of	, 20, to 0	ertify which, witness my hand and seal of office.			
Signature of offic	er administering oath	Printed name of officer administering oath	Title of officer	administering oath	

FORM JC/OH **SUBTOTALS - JC/OH COVER SHEET PG 3** 3 of 24 19 Filer ID 18 FILER NAME (Ethics Commission Filers) 00085976 Shelby, Tracie M. (Ms.) **20 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$ 3. 4. |X| SCHEDULE E(J): LOANS (JUDICIAL) \$ 13,855.00 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 16.00 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 8. \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 13,854.89 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

	LOANS (J	UDICIAL)			SCHEDULE E(J)
	The Instruction	n Guide explains how to complete this f	orm.		pages Schedule E(J): L/1 Rpt: 4/24
2	FILER NAME Shelby, Tracie M	1. (Ms.)		3 Filer II 00085	C (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		·	\$
5	Date of loan 06/30/2025	7 Name of lender out-of-state PA Shelby, Tracie	C (ID#:		9 Loan Amount (\$) \$13,855.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Dallas, TX 75219			11 Maturity Date
12	Lender's Principal	Occupation	13 Lender's Job Title		
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	se (if any)	
16	If lender is child, la	w firm of parent(s) (if any)	<u>L</u>		
17	Description of Coll X None	ateral	18 Check if personal funds we	ere deposite	ed into political account (See Instructions)
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)
23	x not applicable Guarantor's Princi	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code		
25	Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	ouse (if any	v)
					,,
27	If guarantor is child	d, law firm of parent(s) (if any)			

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Aw mmittee Legal S	everage Expense vards/Memorials Expense Services	Polling Expens Printing Expen Salaries/Wage	se es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	Credit Cara r ayment		The II	nstruction Guide explains	s how to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/24		Shelby, Tracie M	. (Ms.)				00085976	
4	Date	5	Payee name				_		
	06/02/2025	ľ	Bank of America						
Ļ		<u> </u>							
6	Amount (\$)	7	Payee address;	•	e; Zip Code				
l	\$16.00	l	PO BOX 660441						
l		l							
l			Dallas, TX 75266	5					
8	PURPOSE	(a)	Category (See Cate		(b)	Description			
ľ	OF	۱٬۳٫	Fees	gories listed at the top of this so	chedule)		outs	ide of Texas. Com	olete Schedule T.
l	EXPENDITURE	l	rees					, officeholder living	
l		l				Bank Fees			
l									
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholo	der name	Office sought			Office he	ald
ľ	expenditure to benefit C/O		Canadato/Oniochold	aoi ilaine	Cinoc Sougin			Since ne	
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SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/N	xpense Nages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	
L	2.3ac sara : aymon		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI	Ε			3	Filer ID (Ethics Commission F	Filers)
	Sch: 1/18 Rpt: 6/24	Shelby, Tra	acie M. (Ms.)			(00085976	
4	Date	5 Payee name	!					
	01/26/2025	Adobe Sys						
6	Amount (\$)	7 Payee addre	· ·	; Zip Co	ode			
	\$37.88	345 Park A	ve.					
	Reimbursement from							
	X political contributions intended	San Jose, (CA 95110					
8	PURPOSE	(a) Category (S	see Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Complete S	
	OF EXPENDITURE	Adobe Sub	scription				eck if Austin, TX, officeholder living expens	se
	-				Campaign Exper	nditu	re - Adobe Subscription	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	
	Date	Payee name						
	02/26/2025	Adobe Sys	tems, Inc.					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$37.88	345 Park A	ve.					
	Reimbursement from							
	X political contributions intended	San Jose, (CA 95110					
\vdash	PURPOSE	_	see Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Complete S	chedule T.
	OF	Adobe Sub	•	· · · · · · · · · · · · · · · · · · ·		_	eck if Austin, TX, officeholder living expens	
	EXPENDITURE		15		Campaign Exper	- nditu	ire - Adobe Subscription	
							•	
\vdash	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit							
	C/OH							
	Date	Payee name						
	03/26/2025	Adobe Sys						
\vdash	Amount (\$)	Payee addre		; Zip Co	ode			
	\$37.88	345 Park A		, , , ,				
	• • • • • • • • • • • • • • • • • • • •		-					
	X Reimbursement from political contributions intended	San Jose, (CA 95110					
	PURPOSE	Category (S	see Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Complete S	chedule T.
	OF EXPENDITURE	Adobe Sub	scription		[Che	eck if Austin, TX, officeholder living expens	se
	LAI LINDITURE				Campaign Exper	nditu	ire - Adobe Subscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor		Travel in D	
			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID	(Ethics Commission Filers)
	Sch: 2/18 Rpt: 7/24	Shelby, Tra	acie M. (Ms.)				000859	976
4	Date	5 Payee name	1			1		
	01/27/2025		Express Blue					
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$350.77	P.O. Box 9	81535					
	Reimbursement from							
	political contributions intended	El Paso, T	K 79998					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sc	hedule)	(b) Description	Ch	eck if trave	I outside of Texas. Complete Schedule T.
	OF	Credit Card	l Pavment			Ch	eck if Austi	n, TX, officeholder living expense
	EXPENDITURE		,		Credit Card Payr	men	t - Cam	paign Expenditures
9	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Office	holder name		Office sought			Office held
	Data	I						
	Date	Payee name						
	02/27/2025		Express Blue					
	Amount (\$)	Payee addre	•	e; Zip Co	ode			
	\$346.52	P.O. Box 9	81535					
	Reimbursement from political contributions intended	El Paso, T	K 79998					
	PURPOSE	Category (s	See Categories listed at the top of this sc	hedule)	Description	Ch	eck if trave	l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	d Payment			Ch	eck if Austi	n, TX, officeholder living expense
	LXI LINDITORL				Credit Card Payr	men	t - Cam	paign Expenditures
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	C/On							
	Date	Payee name						
	03/11/2025	American E	Express Blue					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$231.00	P.O. Box 9						
	X Reimbursement from political contributions intended	El Paso, T	K 79998					
	PURPOSE	Category (S	See Categories listed at the top of this sc	hedule)	Description	_		l outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	d Payment			Ch	eck if Austi	n, TX, officeholder living expense
	LAI LIDITOIL				Credit Card Payr	men	t - Cam	paign Expenditures
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought			Office held
Н								

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense Pollin y - Gift/Awards/Memorials Expense Printi	Overhead/Rental Expense g Expense ig Expense es/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/18 Rpt: 8/24	Shelby, Tracie M. (Ms.)		00085976
4	Date	5 Payee name		
	04/27/2025	American Express Blue		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
ľ	\$231.00	P.O. Box 981535	Code	
		1 .O. Box 301333		
	Reimbursement from political contributions	FI D TV 70000		
	intended	El Paso, TX 79998	_	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment	L	Check if Austin, TX, officeholder living expense
			Credit Card Payn	nent - Campaign Expenditures
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
		I		
	Date	Payee name		
	05/27/2025	American Express Blue		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$231.00	P.O. Box 981535		
	Reimbursement from			
	X political contributions intended	El Paso, TX 79998		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Credit Card Payment		Check if Austin, TX, officeholder living expense
	EXPENDITURE	,	Credit Card Payn	nent - Campaign Expenditures
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	06/27/2025	American Express Blue		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$231.00	P.O. Box 981535		
	Reimbursement from			
	X political contributions intended	El Paso, TX 79998		
\vdash	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Credit Card Payment		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Ground Gara F aymoni	Credit Card Payn	nent - Campaign Expenditures
				. 5 .
\vdash	Complete ONLY if direct	Landidate/Officeholder name	Office sought	Office held
	expenditure to benefit	- Landing Control of the Control of	230 00ag.it	555d
L	C/OH			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related E Travel in District Travel Out of District OTHER (enter a category not listed ab	
L	Credit Card Fayincill		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAMI				3	Filer ID (Ethics Commission	n Filers)
	Sch: 4/18 Rpt: 9/24	Shelby, Tra	icie M. (Ms.)				00085976	
4	Date	5 Payee name						
L	01/08/2025	l í	Express Credit Card					
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode			
	\$822.00	P.O. Box 9	81535					
	Reimbursement from							
	X political contributions intended	El Paso, T	(79998					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Comple	
	OF EXPENDITURE	Credit Card	l Payment			_	neck if Austin, TX, officeholder living exp	
					Credit Card Payn	nent	t - Campaign Expenditure	S
9	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held	
	с/он							
	Date	Payee name						
	02/10/2025	American E	Express Credit Card					
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode			
	\$856.00	P.O. Box 9	81535					
	Reimbursement from							
	X political contributions intended	El Paso, T	< 79998					
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Comple	te Schedule T.
	OF EXPENDITURE	Credit Card	l Payment			Che	neck if Austin, TX, officeholder living exp	oense
	THE LIBITORY				Credit Card Payn	nent	t - Campaign Expenditure	s
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
\vdash	D-1-	 T _						
	Date	Payee name						
	03/11/2025		Express Credit Card					
	Amount (\$)	Payee addre	• •	; Zip Co	ode			
	\$462.00	P.O. Box 9	81535					
	Reimbursement from political contributions intended	El Paso, T	〈 79998					
\vdash	PURPOSE		ee Categories listed at the top of this sch	nedule)	Description	Che	neck if travel outside of Texas. Comple	te Schedule T.
	OF	Credit Card		-,		=	neck if Austin, TX, officeholder living exp	
	EXPENDITURE		y		Credit Card Payn	nen	t - Campaign Expenditure	S
							•	
		L Candidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH							
_	0,011							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel in District Travel Out of E		ve)
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	Sch: 5/18 Rpt: 10/24	L	Shelby, Tra	cie M. (Ms.)					00085976	<u> </u>	
4	Date	5	Payee name								
	04/08/2025		American E	xpress Credit Ca	ard						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode				
	\$462.00		P.O. Box 98	31535							
	X Reimbursement from political contributions intended		El Paso, TX	79998				_			
8	PURPOSE	(a)		ee Categories listed at the	e top of this sche	edule)	(b) Description	=		side of Texas. Complete	
	OF EXPENDITURE		Credit Card	Payment			L			X, officeholder living expe	nse
							Credit Card Payr	men	t - Campai	ign Expenditures	
_	Complete ONLY if alias -t	<u></u>	adidata/Office	ander nors			Office savekt			Office hold	
9	Complete ONLY if direct expenditure to benefit C/OH	car	ndidate/Office	noider name			Office sought			Office held	
	Date		Payee name								
L	05/08/2025		American E	xpress Credit Ca	ard						
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode				
	\$462.00		P.O. Box 98	31535							
	X Reimbursement from political contributions intended		El Paso, TX	79998							
	PURPOSE		Category (s	ee Categories listed at the	e top of this sche	edule)	Description	=		side of Texas. Complete	
	OF EXPENDITURE		Credit Card	Payment			[_		X, officeholder living expe	nse
							Credit Card Payr	men	t - Campai	ign Expenditures	
	expenditure to benefit	Car	ndidate/Office	nolder name			Office sought			Office held	
L	C/OH										
	Date		Payee name								
L	06/08/2025	L	American E	xpress Credit Ca	ard						
	Amount (\$)		Payee addre		State;	Zip Co	ode				
	\$462.00		P.O. Box 98	31535							
	Reimbursement from political contributions intended		El Paso, TX	79998							
	PURPOSE		Category (s	ee Categories listed at the	e top of this sche	edule)	Description	=		side of Texas. Complete	
	OF EXPENDITURE		Credit Card	Payment				_		X, officeholder living expe	nse
							Credit Card Payr	men 	t - Campai	ign Expenditures	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Office	nolder name			Office sought			Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awards/Memorial Legal Services The Instruction C	•		expense Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category n	ot listed above)
1	Total pages Schedule G:	2	FILER NAME					3 Filer ID (Ethics Co	mmission Filers)
	Sch: 6/18 Rpt: 11/24			cie M. (Ms.)				00085976	,
4	Date	5	Payee name						
	01/06/2025		Bank of Am	erica Credit Ca	ırd				
6	Amount (\$)	7	Payee addre	ss; City;	State:	; Zip Co	ode		
	\$660.33		PO BOX 66	0441					
	Reimbursement from political contributions intended		Dallas, TX	75266					
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sch	edule)	(b) Description	Check if travel outside of Texas	
	OF EXPENDITURE		Credit Card	Payment			L	Check if Austin, TX, officeholde	er living expense
							Credit Card Payr	ment for campaign exp	enditures
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought	Office hel	d
	Date		Payee name						
	02/03/2025		Bank of Am	erica Credit Ca	ırd				
	Amount (\$)	t	Payee addre	ss; City;	State;	; Zip Co	ode		
	\$700.00		PO BOX 66	0441					
	Reimbursement from								
	X political contributions intended		Dallas, TX	75266					
	PURPOSE		Category (Se	ee Categories listed at	the top of this sch	edule)	Description	Check if travel outside of Texas	
	OF EXPENDITURE		Credit Card	Payment				Check if Austin, TX, officeholde	er living expense
							Credit Card Payr	ment for campaign exp	enditures
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officel	nolder name			Office sought	Office hel	d
	C/OH								
F	Date		Payee name						
	03/12/2025		•	erica Credit Ca	ırd				
\vdash	Amount (\$)	+	Payee addre			; Zip Co	ode		
	\$146.23		PO BOX 66		Sidie	, <u>-</u> .p 00			
			1 O BOX 00	0441					
	X Reimbursement from political contributions intended		Dallas, TX	75266					
	PURPOSE		Category (Se	ee Categories listed at	the top of this sch	iedule)	Description	Check if travel outside of Texas	·
	OF EXPENDITURE		Credit Card	Payment			L	Check if Austin, TX, officeholde	
							Credit Card Payr	ment for campaign exp	enditures
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officel	nolder name			Office sought	Office hel	d
\vdash									
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SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ -	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in District Travel Out of Distri	ct ategory not listed above)
L	Creak Sara r aymont		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Eth	ics Commission Filers)
	Sch: 7/18 Rpt: 12/24	Shelby, Trad	cie M. (Ms.)				00085976	
4	Date	5 Payee name						
•	03/21/2025		erica Credit Card					
6	Amount (\$)	7 Payee addres	ss; City; State;	; Zip Co	ode			
	\$100.00	PO BOX 66	0441					
	Reimbursement from							
	X political contributions intended	Dallas, TX 7	5266					
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this sch	iedule)	(b) Description	=		of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	Payment		<u>L</u>	Ch	eck if Austin, TX, of	ficeholder living expense
					Credit Card Payn	nen	t for campaig	n expenditures
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeh	older name		Office sought		Off	ice held
	Data							
	Date	Payee name	ania a One dia One d					
	04/17/2025	Bank of Ame	erica Credit Card					
	Amount (\$)	Payee addres	ss; City; State;	; Zip Co	ode			
	\$100.00	PO BOX 66	0441					
	Reimbursement from							
	X political contributions intended	Dallas, TX 7	5266					
	PURPOSE	Category (Se	e Categories listed at the top of this sch	edule)	Description	Ch	eck if travel outside	of Texas. Complete Schedule T.
	OF	Credit Card		,		=		ficeholder living expense
	EXPENDITURE	J. San Sard	,		Credit Card Payn	nen	t for campaid	n expenditures
							, 3	•
\vdash	Complete ONLY if direct	<u>I</u> Candidate/Ωfficeh	older name		Office sought		Off	ice held
	expenditure to benefit				Cindo dougin		Oli	
L	C/OH							
	Date	Payee name						
	05/07/2025	l	erica Credit Card					
\vdash				; Zip Co	nde.			
	Amount (\$)	Payee addres		, ∠ıµ C(nu c			
	\$100.00	PO BOX 66	U 414 1					
	Reimbursement from political contributions intended	Dallas, TX 7	5266					
	PURPOSE	Category (Se	e Categories listed at the top of this sch	iedule)	Description	Ch	eck if travel outside	of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	Payment			Ch	eck if Austin, TX, of	ficeholder living expense
	EAPENDITURE				Credit Card Payn	nen	t for campaig	n expenditures
	Complete ONLY if direct	<u>I</u> Candidate/Officeh	older name		Office sought		Off	ice held
	expenditure to benefit							
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair	payment/Reimbursement erhead/Rental Expense kpense kxpense Wages/Contract Labor omplete this form.		Transporta Travel in D Travel Out		
1	Total pages Schedule G:	2 FILER N.	AME			3	Filer ID	(Ethics Commission Filers)
	Sch: 8/18 Rpt: 13/24		Tracie M. (Ms.)			ı	000859	,
4	Date	5 Payee na	ame					
	05/12/2025	Bank of	America Credit Card					
6	Amount (\$)	7 Payee ac	ldress; City; Star	te; Zip Co	ode			
	\$100.00	PO BOX	< 660441	·				
	Reimbursement from political contributions intended	Dallas, ⁻	TX 75266					
8	PURPOSE	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description	Ch	eck if travel	outside of Texas. Complete Schedule T.
	OF		ard Payment	,	l`´	Ch	eck if Austir	n, TX, officeholder living expense
	EXPENDITURE				Credit Card Payr	nen	t for car	npaign expenditures
9	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Of	ficeholder name		Office sought			Office held
	Date	Payee na	ame					
	06/02/2025	Bank of	America Credit Card					
H	Amount (\$)	Payee a	ldress; City; Star	te; Zip Co	ode			
	\$270.00	PO BOX	< 660441	·				
	Reimbursement from							
	political contributions intended	Dallas, ⁻	TX 75266					
	PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description	Ch	eck if travel	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit C	ard Payment			Ch	eck if Austir	n, TX, officeholder living expense
	EXI ENDITORE				Credit Card Payr	nen	t for car	npaign expenditures
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought			Office held
Г	Date	Payee na	ame					
	01/20/2025	Bank of	America Credit Card					
Г	Amount (\$)	Payee a	ddress; City; Sta	te; Zip Co	ode			
	\$500.00	PO BO	< 660441					
	Reimbursement from							
	X political contributions intended	Dallas, ⁻	TX 75266					
	PURPOSE	Category	(See Categories listed at the top of this s	schedule)	Description	=		outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit C	ard Payment		l L	_		n, TX, officeholder living expense
					Card Payment fo	or Ca	ampaigr	Expenditures (B of A #48)
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought			Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense J Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 9/18 Rpt: 14/24	Shelby, Tracie M. (Ms.)		00085976
4	Date	5 Payee name		
	02/20/2025	Bank of America Credit Card		
6	Amount (\$)	7 Payee address; City; State; Zip (^ode	
ľ	\$534.00	PO BOX 660441	2000	
		1 0 DOX 000441		
	Reimbursement from political contributions	Delles TV 75266		
	intended	Dallas, TX 75266		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment	<u> </u>	Check if Austin, TX, officeholder living expense
			Card Payment for	Campaign Expenditures (B of A #48)
9	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
H	Date	Davida marra		
	03/21/2025	Payee name Bank of America Credit Card		
	Amount (\$)	Payee address; City; State; Zip (Code	
	\$491.00	PO BOX 660441		
	X Reimbursement from political contributions			
	intended	Dallas, TX 75266		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense
			Card Payment for	Campaign Expenditures (B of A #48)
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
	Data			
	Date	Payee name		
	05/07/2025	Bank of America Credit Card		
	Amount (\$)	Payee address; City; State; Zip (Code	
	\$521.00	PO BOX 660441		
	X Reimbursement from political contributions			
	intended	Dallas, TX 75266		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense
			Card Payment for	Campaign Expenditures (B of A #48)
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
\vdash				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME	;	3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 15/24	Shelby, Tracie M. (Ms.)		00085976
4	Date	5 Payee name	•	
	06/04/2025	Bank of America Credit Card		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$600.00	PO BOX 660441		
	Reimbursement from			
	X political contributions intended	Dallas, TX 75266		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense
	EXPENDITORE		Card Payment for	Campaign Expenditures (B of A #48)
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Data	Τ _		
	Date 04/01/2025	Payee name Dallas Trial Lawyers Association		
		•	0-1-	
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$200.00	3102 Oak Lawn Ave		
	Reimbursement from political contributions	Suite 1100		
	intended	Dallas, TX 75219	_	
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Fees	Momborship Food	
			Membership Fees	5
_	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit	Candidate/Officeriolder Harrie	Office 30ugni	Office field
	C/OH			
	Date	Payee name		
	01/20/2025	Discover Card		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$226.00	P.O. Box 30943		
	Reimbursement from political contributions			
	x political contributions intended	Salt Lake, UT 84130		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card Payment		Check if Austin, TX, officeholder living expense
	-		Credit Card Paym	ent - Campaign Expenditures
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ov Polling Ex Printing E Salaries/	xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule G:	2 FILER NAM	ME			3 Filer ID (Ethics Commission Filers	s)
_	Sch: 11/18 Rpt: 16/24		racie M. (Ms.)			00085976	-,
4	Date	5 Payee nam	ne				
	02/19/2025	Discover					
6	Amount (\$)	7 Payee add	ress; City; S	State; Zip Co	ode		
	\$260.00	P.O. Box	30943				
	Reimbursement from political contributions intended	Salt Lake	, UT 84130				
8	PURPOSE	(a) Category	(See Categories listed at the top of the	is schedule)	(b) Description	Check if travel outside of Texas. Complete Schedu	ıle T.
	OF EXPENDITURE	Credit Ca	rd Payment			Check if Austin, TX, officeholder living expense	
	LAFLINDITORE				Credit Card Payn	nent - Campaign Expenditures	
9	Complete ONLY if direct	Candidata/Offic	ceholder name		Office sought	Office hold	
9	Complete ONLY if direct expenditure to benefit C/OH	Januluale/Offic	еношентатте		Office sought	Office held	
	Date	Payee nan	ne				
	04/01/2025	Discover	Card				
	Amount (\$)	Payee add	ress; City; S	State; Zip Co	ode		
	\$112.00	P.O. Box	30943				
	Reimbursement from political contributions intended	Salt Lake	, UT 84130		,		
	PURPOSE	Category	(See Categories listed at the top of the	is schedule)	Description	Check if travel outside of Texas. Complete Schedu	ıle T.
	OF EXPENDITURE	Credit Ca	rd Payment		[Check if Austin, TX, officeholder living expense	
					Credit Card Payn	nent - Campaign Expenditures	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name		Office sought	Office held	
	Date	Payee nan	ne				
	05/05/2025	Discover					
	Amount (\$)	Payee add	ress; City; S	State; Zip Co	ode		
	\$279.00	P.O. Box	30943				
	Reimbursement from political contributions intended	Salt Lake	, UT 84130				
	PURPOSE	Category	(See Categories listed at the top of the	is schedule)	Description	Check if travel outside of Texas. Complete Schedu	ıle T.
	OF EXPENDITURE	Credit Ca	rd Payment			Check if Austin, TX, officeholder living expense	
					Credit Card Payn	nent - Campaign Expenditures	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	ceholder name		Office sought	Office held	

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/\	xpense Nages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	orean oura r dyment	_	The Instruction Guide explains	how to co	omplete this form.	
1	Total pages Schedule G:	2 FILER NAMI	E			3 Filer ID (Ethics Commission Filers)
	Sch: 12/18 Rpt: 17/24	Shelby, Tra	acie M. (Ms.)			00085976
4	Date	5 Payee name	<u> </u>			
	06/19/2025	Discover C	ard			
6	Amount (\$)	7 Payee addre	ess; City; State	e; Zip Co	nde	
ľ	\$179.00	P.O. Box 3	•	, Zip 00	540	
		1.0. box 3	0040			
	X Reimbursement from political contributions					
	intended	Salt Lake, I	JT 84130			
8	PURPOSE	(a) Category (s	see Categories listed at the top of this sc	hedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Credit Card	l Payment		L	Check if Austin, TX, officeholder living expense
	-				Credit Card Payr	ment - Campaign Expenditures
9		Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit C/OH					
	Date	Payee name	!			
	05/02/2025	GoDaddy.c	com			
	Amount (\$)	Payee addre	ess; City; State	e; Zip Co	ode	
	\$63.83	2155 E. Go	daddy Way			
	Reimbursement from					
	X political contributions intended	Tempe, AZ	85284			
_	PURPOSE	<u> </u>	see Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF	Advertising	,	nedule)		Check if Austin, TX, officeholder living expense
	EXPENDITURE	Auvertising	Схрепзе		Domain - Campa	⊐ aian Expenditure
_	Complete ONLY if direct	<u> </u> Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit	Carididate/Office	noider name		Office Sought	Office field
	C/OH					
	Date	Payee name				
	01/28/2025	Mail Chimp				
_	Amount (\$)	Payee addre		e; Zip Co	nde	
	\$55.00	405 N Angi		,, Zip CC	de	
		403 N Angi	CI. NL			
	X Reimbursement from political contributions					
	intended	Atlanta, GA	v 30308			
	PURPOSE	Category (S	see Categories listed at the top of this sc	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense		L	Check if Austin, TX, officeholder living expense
					Mass Mail - Adve	ertising
		Candidate/Office	holder name		Office sought	Office held
	expenditure to benefit C/OH					
\vdash						

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpense Vages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 18/24	Shelby, Tra	acie M. (Ms.)				00085976
4	Date	5 Payee name)				
	02/25/2025	Mail Chimp)				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$55.00	405 N Ang	ier. NE				
	Reimbursement from political contributions intended	Atlanta, GA	A 30308				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this scl	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austin, TX, officeholder living expense
	EX. ENDITORE				Mass Mail - Adve	ertis	ing
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	cholder name		Office sought		Office held
	Date	Payee name)				
	03/28/2025	Mail Chimp)				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$55.00	405 N Ang	ier. NE				
	Reimbursement from political contributions intended	Atlanta, GA	A 30308				
	PURPOSE	Category (s	See Categories listed at the top of this scl	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense			Ch	eck if Austin, TX, officeholder living expense
					Mass Mail - Adve	ertis	ing
	2						
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	enolder name		Office sought		Office held
		<u> </u>					
	Date 04/28/2025	Payee name					
		Mail Chimp					
	Amount (\$)	Payee addre	•	; Zip Co	ode		
	\$55.00	405 N Ang	ier. NE				
	X Reimbursement from political contributions intended	Atlanta, GA	A 30308				
	PURPOSE OF	Category (s	See Categories listed at the top of this scl	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising	j Expense		L	_	eck if Austin, TX, officeholder living expense
					Mass Mail - Adve	ะเนร	ilig
	Complete ONLY if direct expenditure to benefit C/OH	 Candidate/Office	pholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment		/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Travel in D Travel Out	
	oroun out a transmi		The Instruction Guide explains h	now to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME	<u> </u>			3	Filer ID	(Ethics Commission Filers)
	Sch: 14/18 Rpt: 19/24	Shelby, Tra	cie M. (Ms.)				000859	976
4	Date	5 Payee name						
	05/28/2025	Mail Chimp						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode			
	\$55.00	405 N Angi	er. NE					
	Reimbursement from							
	X political contributions intended	Atlanta, GA	30308					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of this sche	edule)	(b) Description	Ch	eck if travel	I outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising	Expense		[Ch	eck if Austi	n, TX, officeholder living expense
	EXI ENDITORE				Mass Mail - Adve	ertis	ing	
9		Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Dayso nama						
	06/28/2025	Payee name Mail Chimp						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	nde			
	\$55.00	405 N Angi		Zip Ct	ode			
		405 N Angr	CI. INL					
	X Reimbursement from political contributions intended	Atlanta, GA	20200					
					Description F	1 Ch	ook if trovo	Louteido of Toyan, Complete Schodule T
	PURPOSE OF	1	ee Categories listed at the top of this sche	edule)	Description	_		I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE	Advertising	Expense		 Mass Mail - Adve	그 ertis	ina	
							9	
	Complete ONLY if direct	I Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit C/OH							
	Date	Payee name						
	01/02/2025		Lawyers Association					
	Amount (\$)	Payee addre	•	Zip Co	ode			
	\$150.00	1220 Colora	ado					
	Reimbursement from political contributions							
	intended	Austin, TX	78701 					
	PURPOSE OF	1 ,	ee Categories listed at the top of this sche	edule)	Description	_		I outside of Texas. Complete Schedule T. n, TX, officeholder living expense
	EXPENDITURE	Fees			L Membership Fee	_	eck ii Austii	ii, 17, onicendider living expense
						:5		
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held
	expenditure to benefit	Carialdate/Office	noider name		Office 30dg/ft			Office field
	C/OH							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			g Expense s/Wages/Contract Labor complete this form.	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
1	Sch: 15/18 Rpt: 20/24	_	Shelby, Tracie M. (Ms.)		00085976
4	Date	5	Payee name		
	02/02/2025		Texas Trial Lawyers Association		
6	Amount (\$) \$150.00	7	Payee address; City; State; Zip 1220 Colorado	Code	
	Reimbursement from				
	political contributions intended		Austin, TX 78701		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	l	Fees		Check if Austin, TX, officeholder living expense
				Membership Fee	es .
9	Complete ONLY if direct	Car	ndidate/Officeholder name	Office sought	Office held
J	expenditure to benefit C/OH	Cai	ididate/Officeriolder Harrie	Office sought	Office field
	Date		Payee name		
	03/02/2025		Texas Trial Lawyers Association		
	Amount (\$)		Payee address; City; State; Zip	Code	
	\$150.00		1220 Colorado		
	Reimbursement from political contributions intended		Austin, TX 78701		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense		Check if Austin, TX, officeholder living expense
	LAFENDITORE			Membership Fee	es
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	Office sought	Office held
	Date		Payee name		
	04/02/2025		Texas Trial Lawyers Association		
\vdash		\vdash		Codo	
	Amount (\$) \$150.00		Payee address; City; State; Zip 1220 Colorado	Couc	
			1220 Colorado		
	X Reimbursement from political contributions intended		Austin, TX 78701		
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment		Check if Austin, TX, officeholder living expense
	ZA ZASTIONE			Membership Fee	es
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name	Office sought	Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment			Expense s/Wages/Contract Labor complete this form.		OTHER (enter a category not listed above)
_		1_	<u> </u>	-	_	
1	, -	2	FILER NAME		3	Filer ID (Ethics Commission Filers)
	Sch: 16/18 Rpt: 21/24		Shelby, Tracie M. (Ms.)			00085976
4	Date	5	Payee name			
	05/02/2025		Texas Trial Lawyers Association			
_		 -	<u> </u>	2-4-		
6	Amount (\$)	'	Payee address; City; State; Zip (Code		
	\$150.00		1220 Colorado			
	Reimbursement from					
	X political contributions intended		Austin, TX 78701			
8	PURPOSE	(2)	Category (See Categories listed at the top of this schedule)	(b) Description	7.0	Check if travel outside of Texas. Complete Schedule T.
o	OF	۱۳۶		(b) Description	_	Check if Austin, TX, officeholder living expense
	EXPENDITURE		Fees	 	_	who was a value of the same of
				Membership Fee	S	
9	·	Car	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit C/OH					
	С/ОП					
	Date		Payee name			
	06/02/2025		Texas Trial Lawyers Association			
		┢	<u> </u>	Codo		
	Amount (\$)		Payee address; City; State; Zip (Joue		
	\$150.00		1220 Colorado			
	Reimbursement from political contributions					
	x political contributions intended		Austin, TX 78701			
	PURPOSE	┢	Category (See Categories listed at the top of this schedule)	Description	7 c	Check if travel outside of Texas. Complete Schedule T.
	OF		Fees		╛	Check if Austin, TX, officeholder living expense
	EXPENDITURE		1 663	Membership Fee	_	
				Wiembership i ee	3	
	- 1 ·	<u>_</u>	W.L. (200)			200
	Complete ONLY if direct expenditure to benefit	Car	ndidate/Officeholder name	Office sought		Office held
	C/OH					
		_				
	Date		Payee name			
	01/12/2025		USAA Credit Card			
	Amount (\$)		Payee address; City; State; Zip (Code		
	\$278.05		9800 Fredericksburg Rd			
			3 .			
	X Reimbursement from political contributions					
	intended		San Antonio, TX 78288			
	PURPOSE		Category (See Categories listed at the top of this schedule)	Description	C	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment] c	Check if Austin, TX, officeholder living expense
	EXPENDITORE			Credit Card Payn	nei	nt - Campaign Expenditures
	Complete ONLY if direct	<u>Car</u>	ndidate/Officeholder name	Office sought		Office held
	expenditure to benefit	Jai		J.noo Sought		5b5 Hold
	C/OH					

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 17/18 Rpt: 22/24		Shelby, Tracie M. (Ms.)			00085976
4	Date	5	Payee name			
	02/11/2025		USAA Credit Card			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$470.00		9800 Fredericksburg Rd			
	Reimbursement from political contributions intended		San Antonio, TX 78288			
8	PURPOSE	(a)	Category (See Categories listed at the top of this scher	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
ľ	OF	(",	Credit Card Payment	aa.o,	[[[Check if Austin, TX, officeholder living expense
	EXPENDITURE		Great Gara Fayment		Credit Card Pavr	nent - Campaign Expenditures
9	Complete ONLY if direct		ndidate/Officeholder name		Office sought	Office held
9	expenditure to benefit C/OH	Cai	ididate/Oniceriolder Harrie		Office sought	Office field
	Date		Payee name			
	03/24/2025		USAA Credit Card			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$100.00		9800 Fredericksburg Rd			
	Reimbursement from political contributions intended		San Antonio, TX 78288			
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment			Check if Austin, TX, officeholder living expense
	EXPENDITORE		·		Credit Card Payr	ment - Campaign Expenditures
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	04/11/2025		USAA Credit Card			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$172.90		9800 Fredericksburg Rd			
	Reimbursement from political contributions intended		San Antonio, TX 78288			
	PURPOSE	Γ	Category (See Categories listed at the top of this sched	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Credit Card Payment			Check if Austin, TX, officeholder living expense
	LAFENDITURE		-		Credit Card Payr	ment - Campaign Expenditures
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 18/18 Rpt: 23/24 Shelby, Tracie M. (Ms.) 00085976 Date Payee name 05/12/2025 **USAA Credit Card** 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 9800 Fredericksburg Rd Reimbursement from political contributions Х intended San Antonio, TX 78288 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit Card Payment - Campaign Expenditures Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/15/2025 **USAA Credit Card** Amount (\$) Payee address; City; State; Zip Code \$100.62 9800 Fredericksburg Rd Reimbursement from political contributions Х San Antonio, TX 78288 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit Card Payment - Campaign Expenditures Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	OUTSTAN	IDING LOANS	SCHEDULE L
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 24/24
2	FILER NAME Shelby, Tracie N	/ (Ms)	3 Filer ID (Ethics Commission Filers) 00085976
	LENDER INFORMATION	4 Name of lender Shelby, Roderick 5 Lender address; City; State; Zip Code	0000070
	GUARANTOR	Maumelle, AR 75219 6 Name of guarantor	
	INFORMATION	Name of guarantor	
	X not applicable	7 Guarantor address; City; State; Zip Code	
	LENDER INFORMATION	Name of lender Shelby, Tracie Lender address; City; State; Zip Code	
		Dallas, TX 75219	
	GUARANTOR INFORMATION	Name of guarantor	
	X not applicable	Guarantor address; City; State; Zip Code	